1300
PHM/SR8-S1 (RB-4) CPHE

TROPICAL INSTITUTE OF COMMUNITY HEALTH AND DEVELOPMENT (TICH)

in Africa

HANDBOOK

1999-2000

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TICH HANDBOOK

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1. INTRODUCTION

Over the past two decades there have been a large variety of courses established in sub-Sahara Africa for training of managers of Community Based Health Programs. Most of these have been short courses from a few days to four months providing intensive learning experiences either on a focused topic or on the integrated Community Based Health Care (CBHC). Over this period, participants have expressed the need for a formal course leading to arecognised academic qualification, with emphasis on management. A group of more than twenty Community Health and development professionals of mixed backgrounds got together to plan and establish TICH to meet this need. They developed an interim plan, a governing and management structure, a curriculum and relevant regulations to govern admission, student assessment and certification.

The Tropical Institute of Community Health and Development (TICH) is non-profit, voluntary institution registered in the republic of Kenya as an International Community Based Development, Research and Training Trust.
The trust brings together academicians, professionals and practitioners in community health and development of diverse backgrounds to pool skills, expertise and experience in developing concerned leaders, managers and professionals in Community Health. It aims at providing a sound research evidence base for policy development as well as decision making in management of Community Health and Development Programs, implementing Community Based Programs, as well as providing technical services to interested customers in the areas ofprogramme development, evaluation and operation research.

TICH was launched on the 30th of April 1998 when the first meeting of the International Academic Board took place. The academicprogramme started with a group of 7 students from Kenya, Congo and Malawi.

1.1 The Vision

TICH's vision is to be a center of academic excellence promoting and building healing communities, concerned leaders,effective managers for health and development for the 21st century.

1.2 The Mission

Building Healing Communities, Managers and Leaders.

1.3 The Principle

TICH believes that all communities have a capacity to act in solving their own problems. However they may need facilitation and support from a number of partners: the service system, the private sector, and academic institutions, all of whom need the resources of the Community, this can enhance their capacity to cope with their daily and developmental needs. The institute's core theme is to develop partnerships among interested and committed to bring about transformed communities in which access to all the essential elements of dignified living is a reality for all.

1.4 The Goals

- Train and develop practitioners in Community Based Health and Development (CBHD).
- Train and develop leaders/managers/policy makers in and/or for CBHD

- Strengthen/develop/sustain Community Based Programs
- Develop/document sustainable Community Based models in partnerships.
- Develop/document and publish the partnership models.

1.5 The Partnership's approach to teaching/learning

TICH courses are oriented towards community based approaches to Health and Development. Students take responsibility in TICH partner communities or agencies to manageprogramme activities determined and driven by thepartners themselves. They are encouraged to use evidence based methods in facilitating effective action for change at the agency or community level to promote improvement in the state of well-being for all. The Partners also engage in policy analysis, advocacy, negotiation and political /socio-economic action to address underlying causes of ill-health.

There is also an extensive exploration of integrated approaches to equity in health and development. This training initiative introduces a major paradigm shift from the Institutional Community Health and Development Training to a practical Community / Problem Based model. Where as the course has an institutional resource base and support much of the learning takes place within partner communities and agencies, focusing on their priorities, problems, needs and capacities; focusing on the development of the competencies and skills necessary for the management / leadership of Health and Development programs.

Such skills can only be developed in the context of operations, where the learner has technical and professional coaching, guidance and support, within or as close as possible to the targeted communities or agencies in which students are assigned workers with well defined job descriptions. Therefore the teaching methods are based on adult learning techniques and consists of:

- Discussions
- Demonstrations
- Field visits and exercises
- Laboratory practice
- Lectures
- On-the-job training at work situation during follow-up / supervisory visits.

1.6 The TICH Students

Educational experience is further enriched by the diversity of our student body. TICH Students are a heterogeneous group, coming form different parts of the world.

Students range in age and experience from recent college graduates to mid-career changers, or community health workers seeking new contemporary skills as well as academic experience to enhance their role as bridge builders into a more secure and sustainable future.

1.7 The Advantages of the Course

Participants are not taken away from their families and programs for a long time. The programs managed by the students are closely evaluated, documented and disseminated to promote replication and impacting on policy development. Brain drain from programs isreduced as participants are able to continue to contribute to their own programmes, agencies and

communities as part of their training. The training Institute is essentially without walls permitting location of the training activities as close to the contexts that provides the learning opportunities as possible.

The participating facilitators, mentors and graduates become part of an international network of Community Based Health and Development experts involved in specific programmes all over the world. The training program is dynamic and will constantly be reviewed to ensure relevance to the emerging issues and concerns in health and development. Students have opportunities to transfer credits earned at the Institute to partner universities.

1.8 The Uniqueness of the Course

The on-the-job aspect of training at TICH in which students are engaged inprogramme operations as workers not observers or researchers is the unique part of the course. To support this vital element the training approach which emphasizes:

- Community and Problem Based Learning
- Participatory Action Research for transformation
- Partnership / Leadership Development

while being responsive to the needs of Learners and Partner Communities / Agencies.

2. GENERAL INFORMATION

2.1 TICH location

TICH is located in Kisumu municipality, Nyanza province, in Kenya. It is about 500Km. To the West of the Capital, on the shores of Lake Victoria, close to the Uganda boarder. The climate is warm all the year with an annual rainfall of 1,260 mm per annum. It has two rainy seasons: between March to May and between September to October. Mean annual maximum temperature ranges from 9 ^{0}C to 18 ^{0}C with an altitude of 1,144m above sea level. There is intense transmission of malaria all the year round. Students coming to the Institute need to take appropriate precautions including chemoprophylaxis prescribed by a medical doctor.

2.2 Admission requirements

To be admitted to the Master's Programme, an applicant must have a recognised university degree (or equivalent). Applicants with extensive involvement or a strategic position in Community Based Development or Service Management or Delivery will be given preference.

To be admitted to the course of studies leading to either a Diploma or Certificate, applicants are required to have an extensive involvement or strategic position in Community Based Development or Health Service Management or Delivery, in addition to academiqualifications. In addition, for admission to the Diploma Course, applicants must have a diploma level of qualification or at least 2 years post-secondary school with at least 5 years experience in community health and development.

For the Certificate Course applicants must have at least 5 years in a community based programme in addition to secondary school education.

All course applicants must demonstrate the ability to read and write English.

2.3 All applicants must provide:

- a completed application form
- a passport photo
- 3 letters of recommendation from either educational institution staff and/or persons with whom the candidate has worked. Letters from relatives are not acceptable
- Proof of language ability. Certificates of education in the language of application will be considered as acceptable.
- Indication of source of funding

A candidate cannot be given a letter of acceptance to any course offered untilthis documentation has been received by the Institute.

Upon accepting an offer of admission payment of the required registration fee is necessary before an applicant can begin the course of study.

2.4 Admission to a Further Course of Study at the Institute

Students have the opportunity to apply to upgrade their course of study from a Certificate to a Diploma. A request for an upgrade must be given in writing to the Director of the Institute and will be considered favourable if the following conditions are met:

- The student has received a pass in ALL Clusters.
- The student has the recommendation of three out of four Core Cluster convenors
- The student has the recommendation of the Director and Co-Director of the Institute.

2.5 Application Procedures

Applications are accepted on a rolling basis. Applicants are encouraged to submit their applications three months prior to the intended start date the normal intakes are January and September each year. Applicants interested in any cluster(s) of modules offered should submit their applications at least one month prior to the start of the cluster in which they are interested. Application forms are available on request from the office of the Director.

2.6 Fees

Tuition fees are to be paid up in full at the time of registration. Pre-registered students must pay by the deadline indicated on their tuition bills. Bankers
Cheques should be made payable to Tropical Institute of Community Health and Development (TICH) in Kenya shillings or US dollars.

It is the policy of TICH to withhold all diplomas' degree's, official transcripts, and other official recognition of work done at the Institute from the studentswith outstanding debts owing to the Institute until all current obligations to the Institute are paid in full.

Fees can be paid per cluster, block or year according to the convenience of students or their sponsors. Annual payments are preferred as this fits well into our annual planning cycle. Below is the fee structure for 1999 – 2001:

Application processing fee USD 30 (non-refundable)

	Block 1	Attach ment	Block 2	Research	Block 3	Total
Tuition (USD)	2,500	1,000	2,500	2,000	3,000	11,000
Boarding (USD)	1,000	1,000	1,000	1,000	2,000	6,000
Medical Insurance (USD)	500	-	-	500	-	1,000
Total	**4,000**	**2,000**	**3,500**	**3,500**	**5,000**	**18,000**

Payments may be made directly to our account whose details are given below:-

A/C Name : TICH-TRUST
A/C No. : 240-593-505
Bank/Branch : Commercial Bank of Africa
*P.O. Box , 40437

The fees include tuition, accommodation and medical insurance. All fees are non-refundable.

2.7 Other Costs: -

Airfare, airport taxes and local travel expenses to from the Institute including accommodation while on transit must be paid for directly by the student. Excess baggage if any at the completion of the course or any other time. Out of pocket allowance, a flat rate of USD 250 per month is recommended.

Any breakage to or loss of property of the Institute are assessed and charged to the student at actual cost. The Librarian assesses and levies library fines.

2.8 Financial Aid

The Institute is currently unable to offer scholarships for tuition and / or accommodation to students. However, the Administration on request will offer limited bursaries to exceptional cases of excellence in furthering the ideals of TICH. Students who receive funding from external donors channeled through the Institute for the period of their study are provided with a basic living allowance ofKsh 15,000 per month if they opt to manage their own accommodation and meals.

2.9 Accommodation

Accommodation at the Institute is optional. However, students wishing to stay at the Institute will pay USD 3,000 per year full board, in addition to the tuition fees.

We have taken the liberty to arrange accommodation and meals at TomMboya Labour College for new international students to facilitate their settling in process. Students can consider making

alternative arrangements at their own discretion. Such students receive asubsistence allowance of KSh. 15,000 per month if their accommodation fees have been paid to TICH by themselves or their sponsors. The administrator in charge of students' affairs will be available to assist you in this matter.

2.10 Clothing etc

Kisumu has warm climate all the year round and can be very wet at times. There can also be plenty of mosquitoes. Light long sleeved clothing is advisable in the evenings. Rubber or canvas shoes are necessary for fieldwork in addition to open shoes.

2.11 Resident Co-Director

This is a staff member living within the campus and can attend to issues when the administrative office is closed.

2.12 Library Services

All students are encouraged to use the TICH resource center located on campus. Students are also expected to use other major libraries like the British Council Library, and KEMRI Libraries in Kisumu. More information may be obtained from the office of the Co-Director, the academic coordinator.

2.13 Computer and photocopy Services

Limited services are available on campus for fully paid up students. The software collection includes word processing, spreadsheets, database, graphics,statistical package, SPSS. However only required class work specified by a lecturer should be undertaken using these limited services. There are two computers available, one in the administration office and a second one in the library. Both are available in the evenings but during the day only the one in the library would be accessible to students.

It is expected that all users will make use of the TICH computing services in a manner which is efficient, ethical, legal and not to the detriment of rights and property of others. Photocopying arrangements should be made through the administrative assistant, Ms Emily Ayako.

Students are encouraged to bring their own laptops with them, if possible.

2.14 Medical Care

For students who have paid for Medical Insurance can receiveoutpatients services at selected clinics in Kisumu town, arranged through our Medical Advisor, Dr Rosemary Okeyo. An arrangement has also been made with St Monica Medical Center for in-patient care.

Kisumu has the highest transmission rate of many communicable diseases (malaria, typhoid, and HIV/AIDS), in the country. We advice all students to take extreme care to prevent infection. Make arrangements to discuss health issues with the Doctors JohnAlwar, Rosemary Okeyo, or Dan Kaseje.

In general, all students will require anti-malariachemoprophylaxis. Ensure that water is boiled before drinking. Drinking only hot water is a good practice. Tap water is simply unsafe. Avoid raw foods (e.g. salads, vegetables or fruits) unless you have prepared them yourself.

It is advisable to abstain from intimate, personal relationships. A mistake in this area could cost you your life!

2.15 Security

Security at Tom Mboya has been excellent so far. It is advisable to carry identification documents in the evenings to avoid embarrassment by the police.

We look forward to receiving you at the Institute. The Directors, administrators and the rest of our support staff as well as seniour students are willing to discuss any issues that might bother you at any time. Please do not hesitate to ask questions. All of us will be delighted to assist you within our means and the laid down procedures.

2.16 Certification

The Institute is accredited by the Ministry of Education to confer Certificates and Diplomas. At the moment the MCHD degree is granted by the University of the Great Lakes, a French speaking University. In addition to this, TICH has an International Advisory Group composed of representatives of MacMaster, John Hopkins, Boston University, Liverpool,Hidelberg as well as Moi University. Currently the external examiners come fromMakerere and Dar es Salaam Universities. These linkages ensure international standards of our programmes and qualifications.

3. THE ACADEMIC PROGRAMME

The academic programme starts with a one-week orientation workshop to acquaint students with the course content, learning methods, and assessment procedures the details of which will be given to you upon registration. The workshop will emphasize the partnershippracticals. At the end of the workshop each student is matched with a partner community or agency with which she/she is to work during the one or two year programme at TICH.

The course is organised into eight core clusters based on a credit system. Each cluster may be taken independently according to the convenience of the student in terms of ability to pay and time off form duty. A student is required to take the 8 clusters offered inBlocks I and II. Elective courses are offered as indicated in Block III and can be taken as is required by the students. They are required only for students pursuing a Master in Community Health and Development (MCHD) degree.

For a Masters Degree, a combination of the core clusters, an elective Block III and research (dissertation) is required. Diploma students need to complete the required clusters. The student's work must make a good contribution to learning and demonstrate a capacity to relate to the research done by the student to the broader framework in community partnerships approach in health and development while meeting internationally recognised standards.

Each Block starts with an orientation week during which the partnership practicqprogramme is introduced, reviewed and planned. At the end of the orientation week new students are matched to

willing partners while old students are confirmed by old partners or moved to new ones according to the needs of partners.

Partnership practice continues throughout all the blocks (192 hrs during blocksI and II), including two attachment periods of 3 months each foprogramme management (120 hrs) and research (120 hrs).

BLOCK I

CLUSTER 1: CONCEPTS AND TRENDS IN HEALTH AND DEVELOPMENT (80 hours)

Cluster Convenor: JohnAlwar MB ChB, MMed.
Core Facilitators: Prof. Susan B. Rifkin, BA,MIA,PhD; Alice Mudiri, BA, MA,

Modules:

1.1 Concepts in Health and Development
1.2 Primary Health Care and Community Based Health Care
1.3 Factors Affecting Health Status Health Care and Development
1.4 National and International trends driving Health and Development Programmes

CLUSTER 2: MEASUREMENT IN HEALTH AND DEVELOPMENT (120 hrs)

Cluster Convenor: Prof. J. Otieno Oteku
Core Facilitators: Monica Olewe MBChB,MPH; Mabel Nangami PhD.; F. Kangwana, BSc, MSc

Modules:

2.1 Biostatistics
2.2 Demography and Population Studies
2.3 Epidemiology
2.4 Computing
2.5 Health Information Systems

CLUSTER 3: MANAGEMENT, ENTEPRISE DEVELOPMENT AND ECONOMICS IN HEALTH. (160 hrs)

Convenor: Charles Oyaya, BA, MA, MA (Health Planning);
Core Facilitators: Willis Owino Ong'or MBChB, M Med, MPH ; William Otiende Ogara, B.Com., PhD; Judith Bwonya, MBChB,MPH; Samuel Kipng'etich Tororei, BEd, MSc, George Odhiambo Otieno, BA, MPAC

Modules:

3.1 District Health Systems and Management
3.2 Programme Planning and Management
3.3 Institutional Development and Management
3.4 Resource Development and Management
3.5 Financial and Resource Management

3.6 Health Economics Management

CLUSTER 4: COMMUNITY / PROBLEM BASED EDUCATION, TRAINING AND LEADERSHIP DEVELOPMENT (80 hrs)

Cluster Convenor: Maurine Ong'ombe BA, MA
Core Facilitators: Margaret Kaseje, Dip.Ed, MA, MPH, PhD, Jenipha Wasonga, BEd., MDiv.

Modules:

4.1 Community Based Education, Problem Based Learning, Competency Based Training
4.2 Leadership Development
4.3 Curriculum Development
4.4 School Health

BLOCK II

CLUSTER 5: BUILDING HEALTHY AND HEALING COMMUNITIES(80hrs)

Cluster Convenor: Wasonga, BA, MDiv.
Core Facilitators: Ochola Ongo'mbe, BA, MA, MDiv., Dan Kaseje, MBChB, MPH, PhD; Mitch Odero, BA, MA; J.

Modules:

5.1 Health Healing and Wholeness,
5.2 Negotiation, peace building in health and development
5.3 Counseling
5.4 Advocacy and Communication

CLUSTER 6: RESEARCH IN HEALTH AND DEVELOPMENT (120 hrs)

Cluster Convenor: Prof. Susan Rifkin, BA, MIA, PhD
Core Facilitators: Monica Olewe, MBChD,MPH; Hezron Oranga, BSc, MSc, PhD; Prof. J. Otieno Oteku

Modules:

6.1 Research Design
6.2 Qualitative and Quantitative Research Methodologies
6.3 Scientific Writing and Critical Reading

CLUSTER 7: ENVIRONMENT, FOOD SECURITY, TECHNOLOGY AND INDUSTRIAL DEVELOPMENT (80 hours)

Cluster Convenor: Margaret Yonga, BSc, MSc, PhD;
Core facilitators: Paul Meja, MComm.H; Cleopas Msuya, MD, MPH; R. Onyango, BEd., MSc, PhD, Charles Oyaya, BA, MA, MA (Health Planning).

Modules:

7.1 Agro-forestry and Food Security
7.2 Community Water Supplies
7.3 Community Sanitation
7.4 Urbanization and Health
7.5 Resource and Environmental Conservation and Management

CLUSTER 8: COMBATING ILL-HEALTH (160 hours)

Cluster Convenor: JohnAlwar MB ChB, MMed.
Core Facilitators: Steven Okeyo MBChB, OBGyn., MPH; Samson Orero, MBChB, Mmed., ObsGyn; R.O. Muga, MBChB, MMed, MPH; R. Okeyo, MBChB, MPH.

Modules:

8.1 Integrated Management of Childhood Health Problems
8.2 Integrated Management of Reproductive Health Problems
8.3 Integrated Management of Communicable and Non-Communicable Health Problems
8.4 Integrated Management of Health Care in Relief and Emergency situations
8.5 Essential drug management in District Health Systems

BLOCK III (2nd Year for MCHD STUDENTS)

DISSERTATION WRITING, ELECTIVE ADVANCED COURSES AND RE-ENTRY MODEL DEVELOPMENT

This Block is six months, instead of four, enabling students to write their dissertation (two months or 320 hours) and undertake elective course work (four months or 536 hours). The electives consist of topics offered at an advanced level permitting a degree ofpecialisation consistent with the background, interest, and career possibilities of the student. During this period the students will be expected to develop practical tools, frameworks, models or programmes that they will use or implement upon return to their places of work. This process is driven by the student, guided by a facilitator, in consultation with the home institution / agency to ensure practical appropriateness and usefulness. The student is allowed to work on a maximum of two clusters out of four for which they have to attend classroom lectures.

The specialised centres of TICH:

Centre for Community Based Healing and Development (*DanKaseje, Jenipha Wasonga, Margaret Kaseje, Judith Bwonya, Maurine and Ocholla Ong'ombe, Alice Mudiri, Mitch Odero, Ibrahim and Diana Omondi*)

The centre offers:

- Advanced Courses in Counseling*
- Advanced Courses in Advocacy and Communication
- Advanced Courses in Community Based Education and Leadership Development*
- Advanced Courses in Building Healthy, Healing Communities.

Centre for Combating Ill-health*(John Alwar, Rosemary Okeyo, Willis Owino-Ong'or, Monica Olewe)*

The centre offers

- Advanced Courses in Reproductive Health*
- Advanced Courses in Community Based Management of Chronic Illnesses*
- Advanced Courses in Community Based Management of Communicable Diseases
- Advanced Courses in Management of epidemics and care in emergency.

Centre for Management and Enterprise Development(*Charles Oyaya, Dan Kaseje, Otiende Ogara*)

The centre offers:

- Advanced courses in Enterprise Development and Management
- Advanced courses in Economics in Health and Development
- Advanced Courses in Accounting and Financial Management
- Advanced Courses in Information Systems including Evaluation
- Advanced Courses in Health Policy, Planning and Management

Centre for Research in Health and Development*(Susan Rifkin, Joseph Otieno Oteku, Hezron Oranga, Francs Kangwana)*

The centre offers:

- Advanced Courses in quantitative methods
- Advanced Courses in qualitative methods
- Advanced Courses in Operations Research
- Advance Courses in Computing

Centre for Environment, Technology and Industrial Development
(Millicent Ndonga, Margaret Yonga, Rosebella Onyango)

The centre offers:

- Advanced Courses in Environmental Health and Development.
- Advanced Courses Food Production, Management, Security and Nutrition
- Advanced Courses in Appropriate Technology

- Advanced Courses in Industrial Development and Management
- Advanced Courses in Urbanisation in Health and Development

The topics elected by students to be covered in 1999 are marked with *.

4. STUDENTS ASSESSMENT PROCEDURES

4.1 Academic Assessment Procedures for taught clusters

- The content of the academic programmes consists of Blocks 1-3 and a community partnership practical. For the award of Diploma, candidate must complete Blocks 1-2 and a community partnership practical.
- All clusters are examined in one or more of the three areas: written exams, papers/reports and practical exams. The partnership practicals are assessed on a continuous basis, as outlined below.
- Partnership practicals must receive a passing mark of 50% before the student can proceed to the next block.
- In block one the student must receive a passing mark (50%) in Clusters 1, 3 and 4 while in block II a passing mark is required in clusters 5, 7 and 8 in order to proceed to the next block. Failed papers can be offered once during vacation (2 weeks before the opening of the next block)
- A student who fails in three out of four clusters in a Block will be discontinued but may receive a certificate of attendance.

The following framework summarises the assessment and examination processes and marking.

Clusters

Cluster 1: Concepts in Health and Development including Community Practice.

The students will be required to give:

- A term paper on one of the 8 seminar topics (30 marks)
- A seminar presentation (25 marks)
- An end of Block written examination: (The students are offered 5 questions of which they answer three (3) in 2 hours (45 marks)
- *Continuous assessment on partnerships practicals*

Cluster 2: Measurements (3hours)

The students are examined in the following fields (Based on 3 essays and 10 short answers out of a choice of six and 12, respectively).

- Epidemiology (25 marks)
- Biostatistics (30 marks)
- Demography (25 marks)
- Computing (short questions/practical) (20 marks)
- *Continuous assessment on partnership practicals*

Cluster 3: Management (3 hours)

The students are offered 5 questions of which they will be expected to answer three (3) essays in 2 hours (60 marks) and 10 short answers in 1 hour (40 marks).
Continuous assessment on partnership practicals.

The students will be examined in:

- Health policy and planning
- Institutional development and management
- Human resource development and management
- Financial resource development and management
- Program development and management
- Health Economics

Cluster 4: Education / training (3hours)

The students will be offered 5 questions, at end of BlockExamas, of which they will be expected to answer three (3) essays in 2 hours (60 marks) and 10 short answers in 1 hour (40 marks), in addition to *continuous assessment on partnership practicals.*

Cluster 5: Building Health, Healing Communities

- A term paper (40 marks)
- End of Block exam in which the students are offered 5 questions to answer three (3) essays in 2 hours (60 marks).
- *Continuous assessment on partnership practicals*

Cluster 6: Research Methods

- Written reports on Critical Readings during the block (40 marks)
- Presentation of a short research protocol at the end of theblock which will serve as the basis for dissertation research for the Masters students and for future plans for the Diploma students (60marks).
- *Continuous assessment on partnership practicals*

Cluster 7: Community Environmental and Health Concerns

The students will be offered 5 questions of which they will answer three (3) in 2 hours (60 marks), and ten (10) short answer questions to be done in 1 hours (40 marks) in addition to *Continuous assessment on partnership practicals.*

Cluster 8: Combating Ill Health

The students will be offered 5 questions of which they willnswer three (3) in 2 hours (60 marks), and ten (10) short answer questions to be done in 1 hour (40 marks).
Continuous assessment on partnership practicals

BLOCK III

The assessment of this block is based on the Dissertation (50%), written assignments and tools developed for re-entry into students own institutions or countries (30%) and practical exercises assigned by supervisors / mentors (20%).

Elective Clusters

Student examined in two of the following three elective areas for 1999 – 2000, marked out of 50% of the marks for the block. The dissertation covers the other 50%.

Community / problem based education

- A written curriculum for training Health Workers in Community Based Health and Development (60 marks) and a strategy for implementation at National and Institutional levels (20 marks)
- Work assignments given by the supervisor / mentor (20 marks)

Community Based Counseling

- Continuous assessment of clinical sessions (60 marks)
- A written outline of a programme and implementation strategy at National and Institutional levels (20 marks)
- Work assignments given by supervisor / mentor (20 marks)

Combating Ill-health

- A written Disease (or a Health Problem) Control and Management Strategy (50)
- Leading a seminar in an area of focus (25 marks)
- Work assignment given by supervisor / mentor

4.2 Academic Assessment Procedures for Partnerships Practicals

This is a major component of the TICH curriculum since it directly links with partner communities and agencies. The student is therefore expected to demonstrate skills in:

- Partnership development, leadership and management
- Information gathering management and use
- Problem based learning and Leadership development
- Building /strengthening sustainable healing communities
- Qualitative and quantitative action oriented research
- Documentation, writing and publishing
- Providing requested problem based technical inputs.

BLOCK I

Partnership development or strengthening

Students are required to develop a partnership project, documenting the specific steps taken and the partnership level based on the four levels defined by TICH. The assessment is based on

weekly process reports submitted by Monday of the week following the field visit, observation of practical assignments, and written assignments / outcomes.

Specific assignments and outcomes to be assessed include:

1. Partner identification and development of an indicative plan of activities in consultation with the partners *(presentation to include description of process, 10 marks).*

2. Situation analysis (either an initial assessment or a review of progress):
   - *outline of steps (process), methodology, 10 marks,*
   - *carrying out actual situation analysis exercise, 20 marks.*
   - *situation analysis report, 20 marks.*

3. Organising and managing a partnership workshop to give feedback and decide on strategic partnership actions (partnership discussion of results of assessment or review of progress):

   - *Partnership feed back workshop plan, 5 marks*
   - *Partnership feedback workshop process, 20 marks*
   - *Partnership feedback workshop report highlighting identified strategic partnership actions/next steps, 20 marks.*

4. Organising or reviewing the partnership structure for effective action, as an institution:
   - *a theoretical partnership framework for the implementation of the strategic partnership objectives 5 marks.*
   - *a legal partnership framework (detailing operational guidelines, procedures, regulations, expectations, roles, inputs, benefits and conditions), 10 marks.*
   - *a partnership agreement detailing signed by all partners (detailing operational guidelines, procedures, regulations, expectations, roles, inputs, benefits and conditions), 10 marks.*

Partnership management

The students are required to conceptualise and facilitate the formulation of a realistic partnership project based on existing capacities and available resources but with the potential to create meaningful opportunities for the most vulnerable members or transform the situation of people being cared for. Specifically the student is expected to undertake the following steps (which will be assessed as indicated):

5. Develop a new or revise an existing partnership project description or proposal *(a master or operational plan submitted for marking, 20 marks).*

   - Facilitating the implementation of the plan (organize, implement, monitor, evaluate, feedback) based on the current student's own activities plan for the block. The continuous assessment is based on the *weekly reports / discussion giving specific examples, 5 marks weekly* illustrating knowledge and skills covered in classroom sessions.
   - Facilitating the mobilisation and management of resources (human, financial, logistical, time). The continuous assessment is based on the *weekly reports / discussion of specific examples* illustrating knowledge and skills covered in classroom sessions.
   - Developing or reviewing a human resource plan for the project including job descriptions (students' own and of individuals working under their oversight and facilitation). The

continuous assessment is based on the*human resource management plan for the project including job descriptions submitted, 10 marks.*

- Spearheading decision making and problem solving using available information but committing only resources under ones control. The continuous assessment is based on the *weekly reports / discussion of specific examples* illustrating knowledge and skills covered in classroom sessions.

The leadership aspects of the work of the student is assessed basedon *examples given in reports and weekly discussion sessions by at least three facilitators (on a scale of 0 to 5):*

- Demonstration of conviction and commitment to the partnership approach
- Taking Initiative
- Team-work, knowing when to lead and when to follow
- Motivating, handling different personalities in area of work
- Building consensus at discussions and meetings
- Being an example in integrity, discipline, consistency, transparency, volunteering
- Listening, asking questions to promote learning
- Recognising others, affirming others, winning people rather than arguments
- Providing honest and constructive critique with options for correction, concentrating on solutions not just problems
- Being assertive not aggressive

Program monitoring and evaluation

The students are expected to develop familiarity with various sources of information in their District, their quality, relevance and usage. The students are also expected to plan and conduct a survey to describe the existing situation both qualitatively and quantitatively.

6. A Baseline or follow survey carried out in groups where it is requested by a partner:
   - *Survey Plan (design, methodology, instruments, logistics), 10 marks.*
   - *Survey process, 20 marks*
   - *Survey data analysis, 10 marks*
   - *Survey report written and submitted, 20 marks*

Learning and Leadership Development

Students are expected to develop skills in facilitating adult learning based on problem based curriculum for meaningful change.

7. Specifically the students:

   - Outline the problem based learning process
   - Outline problem based curriculum development steps*(Curriculum outline submitted, 20 marks)*
   - Develop or review (*a training programme for the partnership, including steps submitted, 10 marks)*
   - Plan and run workshops, based on *(a workshop plan submitted, 20 marks)*
   - Plan and carry out adult learning sessions *(lesson plans, class presentations, field presentation, 20 marks)*
   - Evaluating a training programme, workshop, session with *(a written report, 10 marks).*

End of Block 1 Practice Report:

8. *Each student is expected to presents a progress report with the following sections (20 marks):*

- Personal growth as a manager and leader
- Progress in building and strengthening a program through partnership, and a project report
- Emerging or developed model (s) worth disseminating
- Factors which have helped learning
- Factors that have hindered learning
- Recommendations for improvement
- Plan of action for field attachment.

A passing mark of 50% in partnership practice is required before proceeding to Field attachment otherwise a candidate must repeat Block I field practice once at own expenses, not part of fees already paid.

Field attachment (partnership development/management)

Field attachment would be undertaken in another field of experience, preferably different from partner type (except for students who wish to specialize working with one type of partner only) worked with during the Block and could be undertaken in groups of mixed professional background. The attachment periods should start after a 2 weeks' break at the end of Block I and end two weeks before the next session is due to start. The students would be visited at least once a month to provide professional back up and assess performance and progress. This assessment would focus on the ability of students to apply skills learnt from Block I, and based on a checklist as shown below:

Partnership development, leadership and management

9. The students are expected (basically a repeat of steps 1 – 7):

- to carry out a situation analysis, write it up, feed results back to the stakeholders and plan action based on findings (capacities and challenges and /or issues)*A report produced and submitted, 20 marks.*
- to identify a project, design it based on results of situation analysis, but consistent with what the host partner is doing, manage it as a partnership with all the stakeholders with key elements included, aimed at a measurable change by the end of the attachment. The intention is not to change what is being done but to improve the performance.
- To write a report at the end of the first month highlighting the entry or re-entry process and how it was managed, based on the attachment activities plan.
- To keep a weekly log of management and leadership experiences (planning, organizing, implementing, monitoring, evaluating, feedback; decision making, taking initiative problem solving, working as a team, handling local politics responsibly; being an example in integrity, discipline, consistency, transparency, volunteering; listening, asking questions, learning, recognizing others, affirming others, then submit monthly reports (giving examples from the host situation)
- Providing requested available inputs.

10. Report on attachment, is submitted at least two weeks before the next session. The report is marked and feedback given before Block II starts.

BLOCK II

Field practice during Block II is a continuation of that of Block I but concentrates on: Building/strengthening healing communities, management information systems and technical inputs as requested by the partners. The following is expected from the student;-

11. Review of the partnership assignment in order to change or confirm commitment and develop a plan of work to guide activities of Block II *(This is to be submitted at the end of the orientation week, 10 marks).*
12. *Present the report from the attachment experience* comparing and contrasting with block I experience (20 marks).
13. Identify and describe a healing community or a potential healing community at area of work *(submit this as a written report, 20 marks).*
14. Continue project management focusing on activities that would make a difference for the community, particularly enterprise development.
15. Write an article for the public media as guided by the facilitator.*(Continue submitting weekly reports, 5 marks per week).*
16. Add new elements to the project description in the light of new skills or knowledg*(Revised project submitted, 10 marks)*
17. Apply technical skills acquired during Blocksl and II, as requested by the partnership, to solve specific problems, *(weekly reports).*

End of Block 1 Practice Report:

18. Each student is expected to present a progress report with the following sections, 20 marks:

- Personal growth as a manager and leader
- Progress in building a healing community
- Progress in building and strengthening a program through partnership
- Emerging or developed model(s) or results worth disseminating
- Factors which have helped learning
- Factors that have hindered learning
- Recommendations for improvement
- Plan of action for field attachment.

A passing mark of 50% in partnership practice is required in order to pass block II and graduate (for Dip.CHD) or before proceeding to Research attachment. Otherwise a candidate must repeat Block I field practice (96 hours an be assessed and passed) at own expense Students can only repeat field practice once.

The diploma students present to external examiners and graduate.

19. A research protocol developed during cluster 6 is presented to the Research Committee and double marked as a written assignment. It must be passed before the student proceeds to fieldwork. However the plan of action for the Research assignment is required before the end of block exams are taken. The research activities are followed up by thesupervisors at least fortnightly monthly. However no marks areawarded as this experience would be marked in the dissertation that results from it.

All assessments must be given a passing mark in order for credits to be awarded.

The assessment will be based on:

- Attendance in class and being on time
- Contribution to class discussion
- Contribution to practical aspects of class activities
- Presentations to class of assignments
- Support for fellow students and facilitators

Assessment summary

AWARD/ASSESSMENT	CERTIFICATE	DIPLOMA	MCom.HD
Written examination	50%	50%	40%
Partnership practicals	50%	50%	30%
Dissertation	-	-	30%
TOTALS	**100%**	**100%**	**100%**

4.3 Requirements

Students are required to pass blockI and partnership practical assessment before moving to block II. They are required to pass block II and the partnership practical assessment before doing dissertation research for the Masters. Students also need to have completed field research before moving to Block III.

4.4 Awarding marks

The pass mark will be 50%. Any assessment marked less than 50% will be deemed as failed. Distinction will be awarded to candidates receiving over 75%.

If a student feels that a mark which has been given is unfair, he/she can request a review by the external examiner. Request must be directed through the Institute Director or Co- Director.

4.5 Admission to and the Final Examination

To be granted admission to the final examination, candidates must complete each block with a passing mark. For candidates for the Diploma, a passing mark of 6 out of 8 clusters must be obtained. All candidates must obtain passing marks for the partnershipPracticals at the end of blocks I and II.

If a candidate's work and assessment receives a fail mark, the assessment may be taken one more time. A re-sit must be arranged with the relevant clusterconvenor or a member of the TICH academic staff.

The final examination will be discussion between the candidates and the Board of Examiners. Although all material which had been presented during the period of study can be examined, the discussion will focus on the application of the course of students to future work for the Diploma candidates.

4.6 Follow up of students

Each student is assigned to three mentors for follow-up, support and assessment:

- A representative of the community served.
- A representative of the institution, care/service or support system in which the student is involved.
- A representative of the academic institution (teaching staff).

These resource people and facilitators use a checklist produced jointly by representatives of the three stakeholders to promote a standardized approach to supervisory support to and assessment of the students. The three representatives thus participate in the continuous assessment of the students at three overlapping levels:

- Building and strengthening knowledge and skills.
- Application of knowledge and skills.
- Community impact

5. TICH DISSERTATION GUIDELINES

These guidelines have been prepared for all students who will be presenting dissertations as part of the examinations.

Chapter 1: The Dissertation

1.1 Research plan for field study

Before you leave TICH for your field site for research, you are expected to prepare a research plan. This plan should be brief, no longer than 3 pages. It must be presented to and approved by the research committee. One copy should be given to the field study co-ordinator; one copy should be given to your thesis tutor in preparation for the meeting. Below is an outline for this research plan. It might be helpful to follow this in preparing your own study. It will be useful to take some copies of your research plan with you for initial discussions with people at your research field site.

An outline of your research plan covering the following topics should be given to the dissertation co-ordinator and your thesis tutor before you leave for the field.

1.2 Outline for a research plan for the field study

1. Title of the Thesis
2. Summary, a very short description of what your research is about
3. Approach
   Hypothesis or a very brief outline of the descriptive study
4. Research question
   Also include the major study objectives
5. Prior research in the area
   Three or four paragraphs summarising the most important findings to date. This is probably a brief summary of your literature review.
6. Probable methodology to be followed.
   Description of the methodology attaching protocols such as questionnaires if they are to be used.

1.3 Format of the final documents

The precise contents of the thesis will determine the format and presentation. In this section we suggest a format that might be of use for presenting your work. However, do not feel restricted by this format. If you wish to use another please do discuss this with your tutor, before you make a final decision. We suggest that you present your thesis in seven sections plus Bibliography and annexes in the following order. In the next chapter we give a brief description of each section to you.

1. Executive summary
2. Introduction to the topic being studied
3. Literature review
4. Methodology (methods used in the study)
5. Results (findings)
6. Discussions (of the results and their implications)
7. Conclusions
8. Bibliography
9. Annexes

The one fairly rigid restriction is that of the length of the thesis. The body of the thesis consists of the sections 1-7. This part of the thesis should not be more than 60 pages. The bibliography and the annexes are not considered to be part of the body of the thesis.

The following regulations for the layout are compulsory:

- 30-35 lines per page
- left and right margin 1.3 inch (ca.3 cm) each
- 10 or 12 characters per inch (2.5 cm)

The thesis should be typed or printed on A4 paper. All pages must be numbered either at the top (centered) or (bottom). The text of this handbook uses such a layout as an example for you. It is essential that your information is presented clearly and is easy to read.

The bibliography should go at the end of the text.

Other information to supplement the text should be placed in the annexes. This includes information such as country description, map of the area, training materials used, the complete questionnaires etc.

The name of author, title of the thesis and the year must be on thepage which can also be the cover of the thesis. This also should have the names of all tutors who have assisted you in the work. Annex 1 is an example of a title page.

The thesis must also contain a statement concerning the fact this is your own work. We suggest that you use the statement in Annex 2.

Chapter 2: Explanation of each section

2.1 Executive summary

The executive summary is the very brief description of your whole study. It should summarize:

- Your study(s) or hypothesis and its/their importance to health care.
- The methods used to investigate the questions your results/findings
- Your conclusions and your recommendation, if any.

The executive summary is a very important part of the thesis. It is the only part of which those who want a quick overview of your work will read. It might be the only part read by the client who suggested the research topic. It therefore is crucial that you present this summary clearly and with the correct degree of emphasis on conclusions/recommendations (if any). Because it is a summary of your work, it is by necessity the last part of the thesis to be written. It should be no longer than 4 pages.

2.2 Introduction

The introduction contains a description of the context within which the study took place including a statement concerning:

- The reasons why you selected the topic (the purpose of the study);
- The local and global context of your study question(s);
- A brief description of the country and its major health problems with special reference to the research topic.
- The location of the study;
- The appropriateness of this location for the study question;
- The persons and/or organisations with whom the study was undertaken and their work.

The introduction should also include the exact study question; which you want to ask. This question should be stated clearly and simply. It is the basis of the data which you seek and which you will include andanalyse in the final document. You should also state the objectives of your research.

The objectives outline how you will approach your study question.

Here is an example:

Study question: What are the beliefs of mothers about childhood diarrhoea in East Alego?

Objectives:

To identify:

- Types of beliefs that exist
- Beliefs about causes
- Beliefs about cures
- Attitudes about using the modern health services.

It also includes a description of your study approach that is whether you have chosen to test a hypothesis or do a descriptive study.

If you seek to test a hypothesis, remember that a hypothesis is an unequivocal statement that will be proved or disproved on the basis of your study.

Because you have a short time to undertake your research, it is important that you limit your study so that it can be completed. This means that any hypothesis testing must by necessity be limited. Therefore, you must make sure that your hypothesis is clear and exact. Remember not to state an obvious hypothesis.

This section should be no more than 6 pages.

2.3 Literature review

The literature review presents to your reader the past work done on your study question(s). It includes the published literature, the unpublished or 'gray' literature and personal communications you have had. Its purpose is:

- To review what is known about the problem you are studying
- To review what is known about the research methods you have chosen (including strengths and limitations).

In the literature review you have an opportunity to share information with your reader, to identify document where more in depth information can be sought and provide background material for your study. You also have the opportunity to give your own opinion on the work of others.

As you will read a number of pieces relevant to your topic, you must be very careful to write the literature review so that the reader can easily see how each citation related to your work. The works you review must be related to a theme orthemes which you are going to highlight in your study. When you write your review you should be sure that it is relevant to the questions that you are examining in your overall study.

In writing your review, you should refer to the guide for critical reading. The questions for critical reading may also serve to help you write this section. Concerning citations of references in your text, the reference should be placed in brackets with the name and date of reference as it appears in the Bibliography, for example:

(Casley, L. and Lury, M., 1987)

Here are some hints for writing your review:

- Do not include everything you have read. Onlythose documents which are related to themes which you have identified for your study.
- Start the literature review with a brief description of the themes that you identify in your reading and do make sure you stick to those themes.
- Do include all references in this section that you will use in the following sections. No new references should be cited in later sections of the thesis.

This section of the thesis should be more than 15 pages in length. Reviewsan be much shorter and still be of high quality.

2.3 Methodology

The objective of this chapter is to inform the reader about all material and methodaised, their adaptation to specific objectives and conditions in this actual study. If a more general introduction to methodology is necessary, this should go in the literature review. A good guideline when writing this chapter is the idea that the reader must be able to repeat the study in details in the same or similar setting - and to be conscious about the limitations and strengths.

The following steps should be included:

1. Restate your study question(s) or hypothesis and what was already stated in the introduction and literature:

- Review in terms of:-
    - The problem
    - The context
    - The location
    - The logistics
    - The study population

2. This should lead immediately to a restatement of the study question and the restatement of the objectives.

- Describe methods used to examine your study question(s) two major aspects must b covered:
- Descriptions of how people or objects studied were selected.
- Definitions, the criteria of selection and eventual sampling procedures are included here.
- Statement of what type of study you have chosen. If it is qualitative, describe all methods used. Remember it is important in qualitative research to overcome bias. Therefore, triangulation - that is using more than one method - is nearly always important. If the study is only or also quantitative identify whether your study is cross-sectional, a retrospective or a prospective one, a cohort study or a case-control?

3. Describe all the instruments for data collection

All instruments should be described. In the case of questionnaires or data collection sheets, the forms should be presented as an annex. In interview studies, the following descriptions should be included:

- Guidelines for selection and training of interviewers procedure and result of pilot testing validation
- Data collection procedure
- Notification of data
- Data-entry procedure to computer (if used)
- "cleaning" of data (how many sets of data were not considered and why?)
- data-analysis with standard procedures applied, software packages used and other pre-formatted procedures.

4. Discuss the limitations

Discuss the limitations to the material and methodology like accuracy of tools, validity of documents available, biases produced by sampling, communication, notification problems, etc, ethical issues that did not allow the use of theoretically superior methods, time constraints. But remember this is no excuse. One objective of the entire field study is to carry out research in the time period given.

This short discussion is limited to the material and methods.Warning: In this chapter no results are to be presented. The only possible exception may be preliminary results of a pilot or testing that explains properties of the methodology and/or the development of the methods.

This section should be no longer than 12 pages.

2.4 Results (Findings)

In this section, you will present the results that you obtained in examining your study question(s). This section should describe:

- The data you collected and the results that you obtained from analysing these data
- The phenomena or trends these data reveal.

If you have chosen to undertake a quantitative study, then the conventional presentation is most appropriate. This means that you present the data that address the question(s) and hypotheses with which you started. Use tables and graphs to give the clearest picture of data analysis but only use them if it is appropriate.

If you have chosen a descriptive, qualitative study then you will want to present your data around the main themes of the study that you have identified in your introduction and methodology. In this type of data presentation, quotations from interviews are very useful. Tables can also be used to summarise similarities and differencesin groups of people. These tables are more likely to contain words than numbers. Again use only tables when it helps to clarify data presentation.

Do remember it is possible to combine quantitative and qualitative methods. In this case, the presentation most appropriate for the data should be chosen. Choose tables only when they clarify this presentation. The presentation of results is a difficult section. Here are some hints that might assist you:

In this section:

- Present only data relevant to your hypothesis or your study questions.
- Do not feel that you must present all the data you have collected. But remember: do not omit data that do not agree with your preconceived views.
- Clearly identify your main points in an introductory paragraph and check again for logical flown of arguments.
- Make sure any graph or table is clearly understood, correctly labeled and stands by itself without any need of contextual explanation .
- Make sure all your numbers to add up to the totals you present.
- Do not express your opinion about the findings in this section. Only present the data analysis.
- Do not complicate the presentation by statistical analysis that are not relevant and only complicate the results.

- This section should be no longer than 18 pages.

2.5 Discussion

In this section of thesis, you will present your opinions about your resultsand analyze the implications of the findings for your study question(s). This section should not contain any new results; only interpret what you have presented in the previous section. To do this it is best to refer back to the issues you raised in your introduction and highlight what you did and did not find out in your study.

This section should also discuss the limitations of your study design and the way in which it was carried out; the ways in which data was obtained and how these limitations influence your final conclusion.

In the presentation you should identify where your results support or contradict findings, of others who have investigated the topic, highlighting similarities and differences in he findings of others. References to these studies, however, should have been reviewed in your literature review.

This section should be no longer than 15 pages.

2.6 Conclusions

The conclusions are the final part of your study. In this section, you will draw together the various parts of your thesis and discuss the implications of your study for your study question(s). They, therefore, must come logically from the other parts of your presentation. The reader must be able to see that your conclusions are a summary of the arguments that you have developed throughout your work. In this section, you can identify hypotheses that have arisen in the course of your study and/or areas for further research.

Some thesis will undertake a specific study at the request of the host institution. In these cases, host institutions often request recommendations based on your findings. You should be very careful about making recommendations on the basis of a very short study in a situation with which you are most probably unfamiliar.

It is realistic to expect that the most you can recommend is areas for further research or a further testing of your hypothesis in order to check its possibility tdbe generalised. If you do finally decide to make recommendations do be sure that your recommendations are supported by your findings, are practical and feasible. Do not recommend more studies if they really are not needed.

The conclusion (including recommendations, if any) should be no more than 5 pages.

2.7 References

The References contain all the references you have used in writing your thesis. References include books, articles, grey (unpublished literature), personal interviews, newspaper reports, official government documents, proceedings of meetings, conferences, etc, WHO reports.

References are not counted within the 80 pages of the main body of the text. Each citation is listed alphabetically and separately. The surname of the first author or the title of the article indicates the alphabetical placing of the reference. The following are examples of the form citations should take.

Book:

Casley, D.J. and Lury, D.A. Data Collection in Developing Countries, Oxford,Claredon Press, 1987

Article

Green, A. and Barker, C. "Priority setting and economic appraisal: whose priorities - the community or the economist?" Social Science and Medicine, 1988 Vol 26, No.9 pp 919-929

Personal Communication:

Friend, F. Personal Communication, 1995

Government Report:

Harare, Zimbabwe, City of Annual Report of the City Department of Health, 1984

World Health Organisation Report

World Health Organisation. Primary Health Care, Health For All series, No 1. Geneva: World Health Organisation, 1978.

Proceedings of Conferences

Proceedings, Second International Symposium on public health in Asia and Pacific Basin, Bangkok, Thailand, 7-11 January, 1986.

Newspaper Reports

International Herald Tribune, February 12, 1990. "People or Progress?"

2.8 Annexes

The body of your report should contain all the necessary information as described above. Because the body of your text cannot be more than 60 pages, supportive material should be included in the annexes. This material might include:

- A country profile including maps which describe the economical, political andsocial situation.
- Descriptions of the cultural traditions of the people in your study area.
- The questionnaires which you used to carry out the study.
- Check-lists.
- Your study protocol including your fieldwork timetable.
- Long descriptions of conditions of the country by other people which are too long for your text but relevant to findings.
- Records of illnesses, outpatient attendance, etc, only if relevant.
- List of drugs, equipment, facilities, etc, only if relevant.

Include material in the annexes only if it supports the points you make in your thesis. Do not include material if it adds nothing to your work. If you include material as an annex, you should refer to it in the main body of your text (e.g see Annex 3).

Chapter 3: The Log Book

Past experience by participants on both our course and the Liverpool course has highlighted the value of keeping a logbook. Although this is not a course requirement a logbook is a very good means of keeping records concerning the progress of your study.

A log book is a notebook in which you record things such as:

- Summaries of thoughts before meetings with tutors and host partner
- Notes of these meetings
- plans for interviews, questionnaire testing, etc
- details of changes in plans and reasons for changes
- thoughts about how the study will be undertaken and written up

Entries to logbook should be made during the preparation for your field
Study and should be made daily when carrying out the study project overseas.

The entries should be readable. The logbook then becomes a record of the way in which your plans and ideas evolve in relation to changing circumstances and new discoveries.

Participants who have used logbooks have found it very useful. It is a good tool for the planning and managing of your study. For example, it serves as review of the process you have gone through to develop your research questions, and identify the methodology of gathering your data. It serves as a history of discussions you have had with tutors, interviewees and others during the course of your study.

The logbook also may be important in discussions with your tutor. It can give you background material for these meetings. You can write down important points of these discussions as well as refer to points which you have recorded that require more exploration.

The logbook serves as a record of your work to which you can refer when you begin to write your thesis. It also serves as a record of the development of your work. Thus, it can become a very important tool in helping to meet the field study objective.

Chapter 4: Assessment

5. Assessment of the Thesis

General Assessment and marks

The marking of the thesis is done separately by two members of the Institute staff. In case of no obvious disagreement, an average of two marks is taken. If the thesis is marked "pass" by one and "failed" by the other or in case of obvious disagreements the thesis will be sent to the External Examiner who will make the final decision.

The thesis will be assessed on the following basis:

- Overall approach and consistency 20%
- Executive summary and introduction 20%
- Literature review 20%
- Methodology 20%
- Result, discussion 20%

6. Overall Approach

As you see from above, 20% is awarded for "Overall Approach". The mark is basedon a consideration of the entire thesis as well as a consideration of each chapter.

Consistency

A consistent dissertation is one that follows a single line of argument or a single theme. This can be illustrated by that fact that the contents of each chapter and section clearly relate both to the questions and the purpose which have been identified for the study.

The introduction therefore is an extremely important chapter. It should clearly state the objectives of the study, arguments which will be presented and the way in which the study is pursued. Consistency also means following an argument to a conclusion.

Examiners will reflect whether your conclusions are made based on the evidence presented. They will not be impressed by conclusions and/or recommendations that cannot be supported because of the limitations described or cannot be traced by the evidence presented.

Logic

A thesis is considered to be logical if it does not stray off the topic chosen and present information that does not relate to the argument. (This tendency to wander is particularly present in the literature review). The methods for study, data collection, data analysis and result presentations are considered logical if they are appropriate to the circumstance under which the study was done. It is important to consider the logic of an argument in choosing a topic that can be completed in the short time allowed. The decision to reject material is as important as the decision to include it.

Appropriate Methodology

It is very important that the methodology that has been chosen is appropriate to the subject understudy. You should state very clearly why you choose your methodology and discuss its limitations. Be careful that you do not choose a quantitative methodology for a qualitative question and vice-versa.

Clarity

One of the most difficult tasks of writing is to clearly state your ideas so that others understand them. What is very clear in your head is often more difficult to share with others. This is particularly challenging when you write in a language other than your native language. You need to remember that it is likely to take you some time to write down your ideas.

And after they have been written, they may have to be revised many times in order to convey exactly what you want to say. You will spend time drafting and re-drafting parts of your thesis, moving sections about and reworking your explanations. However, it is well worth theffort as examiners are most impressed by a clearly written thesis.

Chapter 5: The Final Product

5.1 Analysis and Writing

After return to TICH you have approximately four weeks to finishanalysing your data and write your final document. During these weeks there will be very few scheduled classroom activities. The weeks are booked for you to meet your thesis tutor to seek advice before finalizing your thesis. All tutors will be available during this period for appointments with their tutees. In order to make the most of these tutorial sessions, we strongly suggest that you prepare a written draft (it could be handwritten but legible) of your thesis as a basis for the tutorials. It is preferable that you give your tutor the draft before you meet so he/she has already read the work. Tutors are available to provide guidance. It must be clear that thethesis is your responsibility and tutors are available only to assist you n the processing of your final work.

5.2 Thesis Presentation

It is your responsibility toorganise the typing and providing the required number of copies of the thesis. While the course Team is willing to help you locate people who can undertake the typing, it is not a team responsibility to see the work is completed by the time required. The team is not involved in typing these theses unless by private arrangement. You must cover the costs for typing and photocopying.

All theses must be handed in to the Course office latest on January 5, 2000. If it is not presented by this time, the thesisis considered to be marked as "failed". Therefore, a submission after the deadline is considered as a resubmission.

You should submit your thesis in 4 copies, the original should be submitted unbound in order to ease the procedure of making further photocopies. The other 3 copies must be bound. After these copies have been submitted there is no chance to make changes. Copies which overseas hosts have requested should be made only after the thesis has been passed by the examination Committee.

6. ADMINISTRATIVE POLICIES

6.1 Transfer of Credit

Requests for transfer of credit for the TICH degree/diploma will be considered on an individual basis by the TICH Academic Board. Only courses taken within five years of the date of the request for transfer will be considered. No students may transfer credits from other schools or institutions. Students who wish to take a course within another institution and who plans to use that course towards a TICH degree must get approval prior to enrolling in the course. No more than one-third of total credits may be transferred from courses taken from other institutions outside TICH. A minimum grade of B (60-65%) is required.

6.2 Transcripts

To request an academic transcript of grades and course work, a student should submit a transcript request form to the Director's office. Letter requests will be honored if they are signed and give complete information about attendance, including enrollment dates and degree(s) earned. Official transcripts are mailed approximately one week after receipt of mailed request. Transcripts requested in person will be available immediately. The transcript fee isKshs. 200 per copy. Unofficial transcripts for students use may be obtained from the office of the Director during working hours.

6.3 Withdrawals, leave of Absence and Refunds

Students who find it necessary to withdraw or take a leave of absence must notify the Institute Administration in writing. Mere absence from classes does not constitute an official leave nor does it reduce the student's financial obligation or remove a final grade if the student is pre-registered for that period. Students may request up to one-year leave of absence. All withdrawals and leaves of absence are subject to the Institute refund policy listed below.

Students who withdraw from a course after the fifth week of class will receive a grade of 'W' (Withdrawn) on their permanent record card. Students may withdraw from a course at any time up to two weeks before the start of final examinations. After that point no course may be dropped. Depending on the date the official withdrawal from the Institute is received by the Administration, the students account will be credited as follows:

Before the start of classes: 100 percent of tuition fees
During the first two weeks of classes: 80 percent of tuition fees
During the third week of classes: 60 percent of tuition fees
During the fourth week of classes: 40 percent of tuition fees
During the fifth week of classes: 20 percent of tuition fees
After the fifth week of classes: 0 percent

Note: Tuition payments will not be refunded after the start of classes; rather, a credit will be made to the student's account. Registration fees and deposits are nonrefundable.

6.4 Suspension, Dismissal or Discontinuation

TICH through its appropriate committees, reserves the right to suspend or dismiss any student for failure to maintain a satisfactory academic record, acceptable personalbehaviour, or satisfactory standards of health.

6.5 Educational Rights and Privacy of materials

Educational Rights and Privacy of materials ensures confidentiality of students educational records and restricts disclosure to or access by third parties, except as authorized by law. The Institute will not release personally identifiable information contained in student's records. However, students have the right to inspect their educational records, with certain exceptions. If they believe the records are inaccurate, they may request an amendment and if denied have the right to a hearing.

6.6 Equal opportunity policy

TICH prohibits discrimination against any individual on the basis of race, colour, religion, sex, age, national origin, physical or mental disability, marital, parental status. This policy extends to all rights, privileges, programs, and activities, including admissions, financial assistance, employment, housing, athletics and educational programs.

6.7 Intellectual Property

The results of the TICH research should be published and made generally available, but continues to be prepared to protect the Institute intellectual property and encourage its commercial development when this should be of economic benefit to the Institute, its partners and Kenya. Intellectual property protection includes patenting inventions, securing Trade marks Designing registration, Copyright and 'know-how' secrecy agreements. The Director of the Institute has powers to act for and on behalf of the Institute in any Intellectual property matter.

6.8 Grievance and Arbitration

The Institute recognises that it is in the interests of both student and the Institute to have procedures to deal in a simple and effective manner with the personal grievances of students which have arisen in their relationship with the Institute. The procedures are intended to prevent personal conflicts becoming entrenched, to the detriment of the student's academic progress, and to resolve disputes without delay and in a conciliatory and efficient manner. Under normal circumstances, it is expected that students will first raise matters about which they are aggrieved with the person concerned. If the student feels unable to approach the person directly or if such an approach does not solve the grievance, the Director should be consulted. The Director should take appropriate action to ensure that, wherever possible, the grievance is resolved. Such action may involve the use of an independent advisory body to assist in the resolution of any grievance.

7. TICH PARTNER INSTITUTIONS

7.1 Service Institutions

The Government Ministries (Kisumu, Nyando, Siaya and Bondo Districts).

Anglican Church of Kenya (Ng'iya and Saradidi Health Centres, Dioceses of Maseno South, West and Southern Nyanza)
Roman Catholic Church, Arch Diocese of Kisumu

Christian Health Association of Kenya
Kenya Red Cross
CISS International

7.2 Community Based Organizations (CBOs)

Central Kolwa Community
Akado Community
Kang'ombe Community
East Alego Community
South East Alego Communidty
Abom Community
Saradidi Community
Buoye Community

7.3 Training Institutions

Department of management and Health Economics, Moi University
Insitute of Public Health, Moi University

7.4 Business Enterprises

Tienam Business Initiatives

8. ADMINISTRATION AND FACULTY

8.1 The core group:

Many people have been involved either directly or indirectly in the process of developing the concept of the Tropical Institute of Community Health and Development - in Africa. Not all these colleagues will continue to serve as a core group due to various commitments on their part and financial limitations of TICH. The following are those that are currently able to be actively involved:

1. Nyambura Githagui, Chair person of the Board.
2. Richard Muga, MBChB, MMed. MPH, Vice Chair person of the Board
3. Dan Kaseje, MBChB, MPH, PhD , FRCTM, Director
4. Susan B. Rifkin, BA, MA, PhD, Co-Director
5. James Odaga, BA, MA, Board member
6. Joab Amolo, MBChB, DCH, MRCP, Board member
7. Charles Omondi Oyaya, BA, MA, MA, Course Convenor
8. John Alwar Ajuoga, MBChB, MMed.,Course Convenor
9. Willis Owino Ong'or, MBChB, MMed., MPH, liaison with Moi
10. Maurine Ongòmbe, BEd, MA, Community/Problem Based Education
11. Margaret Yonga, BSc, MSc, PhD, Course Convenor
12. Ochola Ong'ombe, BA, MDiv., Healing and Wholeness
13. Japheth Yegon, BA, MSW, Administrator
14. Charles Oyaya B.A. , MSc Urban Planning, MA Health Planning
15. Joseph Otieno Oteku, BSc, MSc, PhD
16. Alice Mudiri, BA, MA (Medical Anthropology)
17. Jenipha Wasonga, BEd, Mdiv., Course Convenor
18. Judith Bwonya, MBChB, MPH
19. Rosemary Okeyo MBChB, MPH,

The core group has an annual meeting of five days together with the partners to review the strategic plans as well as the curriculum based on feedback from stake holders and examiners, to ensure its relevance to the partners as well as meeting the required international standards. The group also reviews and updates the student assessment, supervision and follow-up procedures. The recommendations of the group are presented to the International Academic Board (or its Executive Committee) for approval before implementation.

9. THE CORPORATION AND GOVERNANCE

9.1 The founders of TICH.

TICH founder members are those who have paid pay KShs. 20,000 to be used to purchase the piece of land for the construction of the physical facilities of the Institute. Founder membership is still open until the 15th December, 1999 when the first Annual General Meeting (AGM), and governing structures elected, in accordance with the constitution, to replace the current interim structures.

The current paid up founder members are listed below: -

1. Joseph Otieno Odhiambo
2. Dan Owino Kaseje (TICH)
3. Margaret Achieng Kaseje (Aga Khan Foundation)
4. Susan Rifkin (TICH)
5. Ethel Chigumukire (TICH)
6. Rose Olayo (TICH)

9.2 Trustees

1. Nyambura Githagui
2. Bishop Joseph Otieno Wasonga
3. Bishop Francis Mwai Abiero
4. Bishop Haggai Nyang'
5. Penina Ochola
6. Mutava Musyimi
7. Dan Owino Kaseje

Associate Trustees

1. Arch Bishop Zacchaeus Okoth
2. Nizar Verjee

9.3 International Academic Board

1. Nyambura Githagui	- Chairperson
2. Richard Muga	- Vice-Chairperson
3. Dan Owino Kaseje	- Director
4. Susan Rifkin	- Co-Director
5. Joab Amolo	- Member
6. James Odaga	- Member
7. Endanda Kisangani	- Member

8. Said Mohamed - Member
9. Kambale Kavuo -Member

9.4 TICH Advisory Group

1. Henry Mosley (John Hopkins University, USA)
2. Susie Foster (Boston University, USA)
3. Jack Bryant (Consultant), USA
4. David Morley (School of Child Health, UK)
5. H.J. Diesfeld (Heidelberg University, Germany)
6. Frits Van der Hoeven (MCS), Holland
7. Basi Wessel (Orange Free State University, South Africa)
8. David Smith (Liverpool School of Tropical Medicine, UK)
9. Prof. Vic Neufield (McMaster University, Canada)
10. Charles Boelen (WHO, Geneva)
11. Rumishael Shoo (WHO, Somalia)

9.5 TICH Examiners

External

1. Prof. James Tumwine (Makerere University, Uganda)
2. Eli Nangawe (Christian Social Services Commission, Tanzania)

Internal

1. Prof. Susan Rifkin (TICH/London School of Hygiene, USA)
2. Dan Kaseje (TICH, Kenya)
3. Richard Muga (TICH/Ministry of Health, Kenya)
4. Prof. Joseph Otieno Oteku (University of Nairobi, Kenya)
5. Prof. Endanda Kisangani (University of the Great Lakes, DRC)
6. Charles Oyaya (TICH, Kenya)

10. TAILOR MADE AND BRIDGING COURSES

10.1 KIM/TICH Joint Management Training Programme

The Kenya Institute of Management (KIM) in collaboration with the Tropical Institute of Community Health and Development (TICH) is now offering a new management program - Diploma in Health Care Management (Dip.HCM). The KIM/TICH health care specialized Management Program is especially designed to provide management education for persons interested in preparing for or furthering their careers in the management and administration of hospitals, long-term care and other health delivery facilities and programs, health planning, teaching or research.

Justification

As we enter the 21st Century the health field faces the paradox of enormous gains in health improvement in the 20th Century yet accompanied by growing inequities in health and health care; volumes of health rhetoric without health action; numerous policy decisions with obvious negative effects on the poor and most vulnerable and without safe safety nets. Indeed, gaps in health care may loom as the premier global challenge of the next century. These gaps can no longer be ignored by those charged with the responsibility to manage the health care delivery systems. The management course by KIM/TICH is a crucial necessity for the following reasons:

Firstly, the churches and church based institutions have traditionally made it their mission to provide essential health care to all people, particularly those who are socially, economically and geographically disadvantaged. Until recently the government has supported the church in this role and Donor partners. This support enabled the church to continue to provide the badly needed quality care to the poor without counting costs. Today, the church and other health service providers find themselves unable to do this because of escalating costs of care in the face of dwindling resources and deepening poverty. To survive the management of the units must be strengthened.

Secondly, there is a major shift in Government policy environment, the Health Sector Reform which demands new and renewed management skills for health service providers. The following elements of the reform are noteworthy:

- Review the organization structure and management of health services, decentralizing not only service provision but also decision making. The idea to make health is to make health facilities more accountable to user communities who finance them through 'fee service'.
- Cost recovery through patient fees, while ensuring universal access through cost-efficiency.
- Effective management of personnel, equipment and financial resources to enhance cost-effectiveness.
- Creating an enabling environment for the private sector and encouraging community involvement and participation, as well as, other stakeholders in the health sector, in the spirit of the free market policies.

Thirdly, there is a crisis affecting many health units. Many of them are bound to close if an adequate action is not taken in time. Some of the current realities include:

- Location in the rural areas with shaky economic base.
- Increasing competition through other facilities that are able to charge less but provide service of doubtful quality
- Patient numbers have taken a nose dive
- Rural insurance schemes as a financing mechanism has failed to increase access to quality health service.
- Pressure to increase prices and make services less available and denying services to the poor. This still reduces income, a situation which is bound to affect quality of health care negatively.

The target group

The ideal student in the course should be one that has come from health units in which the leadership has identified the need to improve performance of facility through effective training and follow up. The health care Management specialisation prepares professional managers to assume responsible positions in the health care field by providing a comprehensive academic background in all phases of management theory and practice, together with the knowledge and skills associated with the field of health care administration , and planning . Thspecialisation is designed todevelop an awareness of the interaction and interdependence of administration , economics, medicine, politics, and social sciences.

The program provides a unique opportunity to gain valuable field experience through hospital and internship projects. With courses offered primarily in the evening and weekends, the program is designed especially for the part-time learner, the person who is currently employed and who is not able to take time off from the family and work life.

Approach

This diploma offers a balanced curriculum that is broadly interdisciplinary, calling upon the fields of organizational behaviour and management , economics, medical care organizations and public health, law, institutional practice, computer science, social sciences, accounting and finance, planning and strategic management, and health care research.

The program is designed for both the full - and part-time adult learner and stresses theory building, the practical application of learning , and individual professional development . It is ideal for those individuals wishing to continue their education /training while working.

The HCM curriculum

Part I:

1: The Management and Organizational Behaviour
2: Law and Ethics in Health
3: Logistics and Operational Management in Health Care
4: Financial and Cost Accounting
5: Health Care and Development
6: Policy and Structural Environment in Health Care

Part II:

7: Information Systems for Health Care
8: Human Resource management in Health Care
9: Public Customer Relations in Health Care
10: Health Care Research and Report Writing
11: Strategic Health Care Management
12: Health Care Financing
13: Independent Research Project.

The cost of the HCA programme

Part I

Tuition Fees	20,100
Membership Fee	550
Examination @400/paper	1000
Project Fee @ 4000/Semester	4000
Out of pocket during attachment	-
Books and other supplies	-
Total	25,500/=

Part II

Tuition Fees	20,100
Examination @400/paper	1000
Project Fee @ 4000/Semester	4000
Out of pocket during attachment	-
Books and other supplies	-
Total	25,000/=

Major areas to be covered

Organizational Management

Focuses on the dynamic interaction of people working in organizations. Applies various managerial concepts, models, theories ,and tools for identifying diagnosing , and solving organizational problems.
Topics include motivation, leadership, job design,decision making, and group and team dynamics. It also explores the integrative and cross-functional nature of corporate strategy and decision making .

Applies principles, concepts and theories from business and marketing strategy, corporate finance and human resource management, managerial accounting and operations managementto management decisions and the formulation of strategic business plans.

Health Care Management Tools

Definition of quality and description of data, methods for comparing outcome of different providers; methods for examining the relationship between risk and outcomes; risk-adjusted methods for comparing outcomes ofcare ; examples of existing severity indices; evaluation of severity indices; quality of data; regression analysis.

Human Resources Management and Labor Relations

A review of basic processes and significant issues in managing resourcesin organizations. Topics include job analysis, recruitment, employee selection and training, compensation and benefits, legal issues, the historical framework for organised labour union behaviour, and collective bargaining.

Information Technology

Typical use of systems, including end-user computing. Introduces data base systemsEnhances end-user computing skills through development of business systems using fourth generation languages. Students use database software to process queries and to develop forms and reports. Also examines how an integrated information system can provide data tsupport the operations, management, and decision making functions in health care organization. Consideration f the applications of the computer in the hospital and other health care institutions.Collection, storage, processing, and presentation of information for internal and external use. Projects use of major microcomputer spreadsheets, graphics , and database packages.

Financial Accounting

Basic accounting theory and practices. Thorough coverage of accounting measurement of income and financial position, including the analysis of business events and their effect on the financial position and income of a business.

Financial Management

Study of the basic tools and concepts of financial management. The topicsinclude ratio analysis, risk concepts and valuation principles, capital budgeting, cost of capital, leverage, dividend policy, management, and short-term and long-term financing.

Logistics / Operations Management

Presents a basic review of production systemdesign and performance requirements.Emphasizes thorough and extensive analysis of recurrent manufacturing problems.

Team Management

The study explores issues in team building, group performance, team leadership, interpersonal interactions, leadership development and related topics.

Health Care Organizations Behaviour

Introduction to organization behaviour in health care institutions and programs including hospitals, long term care facilities, and other health agencies.Emphasies is placed on the governance structure, medical staff relationships, and the general departmental operation of the facility, the analysis of significant application to the health care environment, and the general management and health care specific roles of the health care administrator.

Health Care Law and ethics

Introduction to health care laws. Considers the roles and rights of the majoforces in the health care industry: patients, hospital administration, governing boards, health care practitioners, and state and federal governments. Topics include issues of government regulation, corporate organization and financing, medical staff privileges, death and dying, consent to treatment, legal aspects of nursing services, hospital liability, informed consent, collection and disclosure of

patient information, legal considerations in financial management and health planning, labor law, and other special, complex issues of health care law.

Current issues in health care

An independent study exploring current or future problems, issues, and developments in the health care field.

TICH TIME-TABLE
BLOCK I-AUGUST 30TH TO DECEMBER 17TH 1999

DATE	MODULES/ Learning Activities	FACILITATORS	CONTINOUS ASSESSMENT
30th-3rd Sept	**Orientation workshop**	D. Kaseje / C. Oyaya S. Rifkin / J. Yegon	**Students and partners identify each other**
6th-8th Sept 8th Sept (aft.) 9th Sept 10th Sept	Factors affecting Health/Devt. EgCulture **Seminar:***Culture&Hlth* Culture in Hlth&Dev. Field work	A.B.C. Ayayo A.B.C Ayayo A.B.C Ayayo Supervisors/Assistants	Activities plan submitted Exploratory visit (all levels, learning partner network). **Plan for SA** Identify EEDL/factors
13th-15th Sept 15thSept (aft.) 16th Sept 17th Sept.	Concepts in Health and Devt. /PHC/CBHC **Seminar:** *PHC for 21st Century(EEDL)* Factors Affecting Health & Devt. Trends Field work	A. J. Alwar, S. Rifkin C. Oyaya, Ethel,Mike A. Mudiri Supervisors/Assistants	Situation Analysis: Outline developed **Discovery visit** (learning the partner/context), Identify Factors in Hlth / Devt. **Wkly report** discussed
20th-22nd Sept 22nd Sept (aft) 23rd Sept. 24th Sept.	Inst. Devt. And Management: eg **Seminar:** *Participation* District Health Systems Fieldwork	C. Oyaya, J. Bwonya W. Ong'or, Amudiri S. Rifkin, Dan J. Bwonya; W.Ong'or Sepervisors/Assistants	**Carry out Situation analysis.** Identify capacities / Community structures, partnership structures/ **Wkly rpt.**
27th–29thSept 29thSept.(aft.) 30th Sept. 1st Oct.	Planning in Mgt. (Strategic / Project) **Seminar:** *Health Sector Reform* Finance generation/mgt. (budgeting, control, reporting) Fieldwork	C. Oyaya, G. Otieno, Otiende Ogara Supervisors/Assistants	**Partnership workshop** **Situat. Analysis report** Partnership devt. or review (based on well functioning Inst.). Project review and or planning
4th-6th Oct. 6th Oct. (aft.) 7th Oct. 8th Oct	Finance generation/mgt. (budgeting, control, reporting) **Seminar:** *Sustainable development* Human Resource Development/Mgt. Fieldwork	C. Oyaya, G. Otieno O. Ogara/Elkana Oyaya/Elkanah J. Yegon/G.Otieno Supervisors/Assistants	Partnership devt. or review (based on well functioning Inst.). Project review and or planning **Partnership Workshop report** **Wkly report discussed**

DATE	MODULES/ Learning Activities	FACILITATORS	CONTINOUS ASSESSMENT
11th –13th Oct 13th Oct.(aft.) 14th Oct. 15th Oct.	Health Policy **Seminar:***Health/Social Watch* Health Economics Fieldwork	C. Oyaya, S. Rifkin A. Mudiri, C. Oyaya S. Tororei, P. Ongugo Supervisors/Assistants	Prog. Document, new or reviewed submitted Partnership development continued **Partnership agreement Developed or reviewed**
18th-19th Oct 21st Oct. 22nd Oct	Health economics Health Economics Fieldwork	S. Tororei, P. Ongugo Supervisors/Assistants	A cost analysis exercise submitted (applied to project selection) **Agreement signed** **Wkly report discussed**
25th-27th Oct 27th Oct.(aft.) 28th Oct 29th Oct	Biostatistics **Seminar:** *Role of Civil Soc.in Health&Devt.* Biostatistics Fieldwork	J. Oteku A. Mudiri Supervisors/Assistants	Review comm. Based data. Develop plan for improvement of its collection, processing and Usage.
1st-3rd Nov. 3rd Nov. (aft.) 4th Nov. 5th Nov	Demography **Seminar:** *The Demographic Trap Poverty/health, how linked???* Demography Fieldwork	J. Oteku M. Nangami S.Rifkin/J.Oteku J. Oteku/M. Nangami Supervisors/Assistants	Plan baseline / follow-up survey. Carry out exploration Develop data gathering instruments **Weekly report** discussed
8th-10th Nov. 10thNov (aft.) 11thNov. 12th Nov.	Epidemiology **Seminar:** *District Focus in Health and Devt* Epidemiology Fieldwork	J. Oteku/M. Olewe J.Bwonya/M.Olewe J. Oteku/M. Olewe Supervisors/Assistants	Carry out Baseline/ follow up Survey
15th–17thNov. 17th Nov(aft.) 18th Nov. 19th Nov.	Computing **Seminar:** *Partnersip* Computing Fieldwork	J. Oteku C. Kaseje, C.Oyaya J. Oteku	**Partnership Feed back.** **Present report and adjusted prog. plan**
22nd–26th Nov	Community / Problem Based Education/ Learning **Seminar:** *Leadership* C/PBE/L	M. Ong'ombe J. Wasonga	Curriculum development Lesson /Session plan Micro-teaching
29th-3rd Dec	Community/Problem Based Education/Learn **Seminar:** *Schools in Health and Devt.*	M. Kaseje J. Wasonga	**Field training**
6th-10th Dec	Revision/Tutorial writing	J. Yegon D. Kaseje R. Okeyo	Submit: Progress report with home action plan Term paper
13th –17thDec.	Exams/marking	Ndonga/Okara	Exams

BLOCK II-AUGUST 30TH TO DECEMBER 17TH 1999

DATE	MODULES	FACILITATORS	CONTINUOUS ASSESSMENT
30th Aug-3rd Sept	Orientation	S. Rifkin / C. Oyaya D. Kaseje J. Yegon	Confirm partner/ Relocate **Activities plan**
6th-8th Sept 8th Sept (aft.) 9thSep (morn) 10th Sept	Culture in Healing/wholeness **Seminar (1)**: Buoye Culture in Healing/wholeness Fieldwork	ABC. Ayayo	Identify cultural factors affecting Healing Communities Identify Healing Comm. **Wkly report**
13th-15th Sept 15thSept (aft.) 16thSep(morn) 17th Sept.	Counseling **Seminar (2):** Bondo Counseling Fieldwork	J. Wasonga	Partnership/Healing Comm. Management Counseling session **Weekly Report**
20th-22nd Sept 22nd Sept (aft) 23rdSept.(morn 24th Sept.	Research methods (Qualitative) **Seminar (3):** Kolwa Research methods Fieldwork	S. Rifkin A. Mudiri	Partnership /Healing Comm. Management Identify research issues (Weekly Report)
27th–29thSept 29thSept.(aft.) 30thSept(mor n).1st Oct.	Research methods (Qualitative) **Seminar (4):** Kombewa Research methods Fieldwork	S. Rifkin A. Mudiri	Partnership/Healing Comm. Management Identify research issues (Weekly Report)
4th-6th Oct. 6th Oct. (aft.) 7th Oct.(morn) 8th Oct	Research methods (Quantitative) **Seminar (5):** South Gem Research methods Fieldwork	J. Oteku	Research Protocol submitted Weekly report
11th –13th Oct 13th Oct.(aft.) 14th Oct.(morn) 15th Oct.	WATSAN **Seminar (6):** WATSAN Fieldwork	A. Ofullo	WATSAN practical Report
18th-21st Oct 22nd Oct	Food security and Nutrition Fieldwork	R. Onyango	Partnership Wkly Report
25th-27th Oct 27th Oct.(aft.) 28th Oct(morn) 29th Oct	Agro-forestry/Env. Conservation **Seminar(7):** Approtech. Fieldwork	M. Yonga A. Ligunya	Partnership /Healing Comm. Management Weekly Report

DATE	MODULES	FACILITATORS	CONTINUOUS ASSESSMENT
1st-3rd Nov. 3rd Nov. (aft.) 4th Nov. 5th Nov	IMCI **Seminar (8):** IMCI Fieldwork	R. Muga J. Alwar	Management of partnerships Weekly Report & examples
8th-10th Nov. 10thNov (aft.) 11thNov. 12th Nov.	Reproductive health **Seminar (9):** Reproductive Health Fieldwork	S. Okeyo	Weekly Report & examples
15th–17thNov. 17th Nov(aft.) 18th Nov. 19th Nov.	Chronic illnesses **Seminar (10):** Chronic illnesses Fieldwork	R. Okeyo, M.Olewe J. Alwar	Weekly Report and examples
22nd–24th Nov 24th (aft) 25th (morn)	Health care in emergencies **Seminar (11): Policy to implementation** Health care in emergencies	Bellario, Kaseje, Alwar Bellario/Dr Misore	Weekly Reports and example
29 Nov-1Dec 1 Dec. (aft) 2 Dec (morn) 3 Dec.	Essential drugs **Seminar (12): Monitoring Access/Village Pharms** Essential Drugs mgt. Fieldwork	Prof. Kokwaro	Weekly Reports and examples
6th-10th Dec	Tutorial and Revision	All	Progress report submitted/POA
13th –17thDec.	Exams and marking	M. Ndong'a G. Okara	Exams

BLOCK III – AUGUST 30TH TO DECEMBER 17TH 1999

DATE	*MODULES*	FACILITATORS	REMARKS
30th Aug-3rd Sept	Orientation Workshop	D. Kaseje S. Rifkin J. Yegon C.Oyaya	Students as facilitators
6th Sept. -1st Oct.	Dissertation Writing Seminars Field Supervision Tutorials	Supervisors	1st Draft Submitted
4th Oct.- 5th Nov.	Dissertation Writing/ Community Problem Based Curriculum Development Seminars Field Supervision Tutorials	Supervisors J. Alwar M. Ong'ombe J. Wasonga	Dissertation Reviewed
8th Nov. – 10th Dec.	Reproductive Health Seminars Field Supervision Tutorials	Supervisors S. Okeyo	Final Draft submitted
13th Dec.-17th	Exams/papers	Supervisors	